

# DCFS POSITION ACTION REQUEST FORM

## PART 1: TYPE OF REQUEST (check all that apply)

<input type="checkbox"/> Fill Position (T.O.)	<input type="checkbox"/> New Position/MJD	<input type="checkbox"/> New Position – SF-3
<input type="checkbox"/> Fill Position (Non-T.O.)	<input type="checkbox"/> Move Position/MJD	<input type="checkbox"/> Move Position – SF-3
<input type="checkbox"/> Unfund/Swap Position	<input type="checkbox"/> Other	<input type="checkbox"/> Update Position – SF-3

## PART 2: POSITION DATA

Job Title:			Position #:			In T.O.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay Scale Level:			Biweekly Pay Range:					
Bureau/Division or Region:				Work Location/Parish:				
Functional Program Assignment:				Org. Unit #:				
Cost Center #:		% (Must Total 100%)		Fund #:		% (Must Total 100%)		
AFS Budgeted Program Area:	<input type="checkbox"/> 1000 – Admin & Exec Support			<input type="checkbox"/> 2000 – Prevention & Intervention				
	<input type="checkbox"/> 3000 – Community & Family Support			<input type="checkbox"/> 4000 – Field Services				
Former Incumbent:				Date Vacated:				
Title of Supervisor:				Supervisor Position #:				

## PART 3: DATA FOR POSITION TO BE SWAPPED/UNFUNDED

Job Title:			Position #:			In T.O.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay Scale Level:			Biweekly Pay Range:					
Bureau/Division or Region:				Work Location/Parish:				
Functional Program Assignment:				Org. Unit #:				
Cost Center #:		% (Must Total 100%)		Fund #:		% (Must Total 100%)		
AFS Budgeted Program Area:	<input type="checkbox"/> 1000 – Admin & Exec Support			<input type="checkbox"/> 2000 – Prevention & Intervention				
	<input type="checkbox"/> 3000 – Community & Family Support			<input type="checkbox"/> 4000 – Field Services				
Former Incumbent:				Date Vacated:				

## PART 4: BRIEF DESCRIPTION OF ACTION NEEDED & JUSTIFICATION OF POSITION NEED:

### Additional info. required for Restricted Appointment, Job Appointment or Detail to Special Duty:

Why is temporary appointment needed rather than permanent appointment **AND** how long is appointment needed for?

<b>Job Title:</b>		<b>Position #:</b>	
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<b>PART 5: METHODS OF RECRUITMENT REQUESTED (check all that apply)</b>	
<input type="checkbox"/> Probational Announcement	<input type="checkbox"/> Continuous Announcement
<input type="checkbox"/> Job Appointment Announcement	<input type="checkbox"/> Restricted Appointment
<input type="checkbox"/> Promotional Announcement – DCFS Only	<input type="checkbox"/> Student Appointment
<input type="checkbox"/> Promotional Announcement – All State Agencies	<input type="checkbox"/> Unclassified Appointment
<input type="checkbox"/> Newspaper or other Advertisement (attach specific information)	
<input type="checkbox"/> No Recruitment/Announcement Required (explain why):	

<b>PART 6: FILTER QUESTIONS TO BE INCLUDED ON JOB POSTING (attach additional page if needed)</b>
<b>Special Circumstances and Preferred Requirements (attach additional page if needed)</b>

<b>PART 7: REVIEW OF JOB DUTIES (One box MUST be checked)</b>
<input type="checkbox"/> I hereby certify that I have reviewed the duties of this position and that they remain unchanged from the SF-3 currently on file with the Department of Civil Service.
<input type="checkbox"/> Position duties have changed & SF-3: <input type="checkbox"/> Attached <input type="checkbox"/> Submitted on (date):
<input type="checkbox"/> Position is at supervisor or above level & SF-3: <input type="checkbox"/> Attached <input type="checkbox"/> Submitted on (date):

<b>PART 8: REQUIRED SIGNATURES &amp; APPROVALS</b>
Recommended By: _____
Section/Unit Supervisor _____ Date _____
Recommended Approval: _____
Bureau/Division Director/Regional Administrator _____ Date _____
<b>APPOINTING AUTHORITY DECISION</b>
<input type="checkbox"/> Request is granted <input type="checkbox"/> Request is denied
Comments: _____
Appointing Authority Signature: _____ Date: _____

<b>HUMAN RESOURCES SECTION USE ONLY</b>
<b>ALL REQUIREMENTS OF ARTICLE X, CIVIL SERVICE RULES, UNIFORM CLASSIFICATION AND PAY PLANS AND POLICIES AND PROCEDURES ISSUED BY THE CIVIL SERVICE DIRECTOR HAVE BEEN MET.</b>
<b>CERTIFIED BY:</b> _____
HUMAN RESOURCES STAFF MEMBER _____ DATE _____